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PTO/SB:21 (6-98)
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		Application Num	ber (09/905.320						
TRANSMI	Filing Date		July 13, 2001 Cem Basceri							
FORM	First Named Inve	ntor	Cem Basceri							
(to be used for all correspondence after initial filing)		Group Art Unit		1762						
	Examiner Name		Eric B. Fuller							
Total Number of Pages in This S	ubmission	Attorney Docket N	lumber 1	· · ·						
ENCLOSURES (check all that apply)										
X Fee Transmittal Form X Fee Attached		nent Papers Application)		After Allowance Communication to Group Appeal Communication to Board						
Amendment / Response		ng-related Papers		of Appeals and Interferences Appeal Communication to Group						
After Final	Petition and Acc	Routing Slip (PTO/SB. companying Petition	/69)	Proprietary Information						
Affidavits/declaration(Petition Provision	to Convert to a onal Application of Attorney, Revocation		Status Letter Additional Enclosure(s)						
Extension of Time Request	of Correspondence	X (please identify below):								
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Response to Missing Parts/ Incomplete Application		_								
Response to Missing Parts under 37 CFR 1.52 or 1.53										
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Firm or Individual name Wells St. Joh	kin, Reg. No. 3 in P.S.	2,268								
Signature Zuna Zuna.										
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FEE TRANSMITTAL	C	omplete if Known	7
f FV 0000	Application Number	09/905,320	4
for FY 2000 Patent fees are subject to annual revision	Filing Date First Named Inventor	July 13, 2001 Cem Basceri	力
Small Entity payments <u>must</u> be supported by a small entity statem cherwise large entity fees must be paid. See Forms PTO SB 09-	ent.	Eric B. Fuller	4
See 37 C.F.R. §§ 1.27 and 1.28	Group / Art Unit	1762	
TOTAL AMOUNT OF PAYMENT (\$) 180.00	Attorney Docket No.	MI22-1657 Oc.	フ

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		Entit		AL FE all Entit Fee	y	For Bold
Deposit Account 23_0925	Code		Cod		Fee Description	Fee Paid
Account Number 23-0925		130	205	65	Surcharge - late filing fee or oath	0.00
Deposit Account Wells St. John P.S.	127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	0.00
Name Wells St. John 1.5.		130	1:39	130	Non-English specification	0.00
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2. X Payment Enclosed:		920*	112	920*	Requesting publication of SIR prior to Examiner action	0.00
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FEE CALCULATION	115	110	215	55	Extension for reply within first month	0.00
	116	380	216	190	Extension for reply within second month	0.00
1. BASIC FILING FEE Large Entity Small Entity	117	870	217	435	Extension for reply within third month	0.00
Fee Fee Fee Fee Description	118	1.360	218	680	Extension for reply within fourth month	0.00
404 000 004 045 1100 600 600	128	1,850	228	925	Extension for reply within fifth month	0.00
106 310 206 155 Design filing fee 0.00	119	300	219	150	Notice of Appeal	0.00
107 480 207 240 Plant filing fee	120	300	220	150	Filing a brief in support of an appeal	0.00
108 690 208 345 Reissue filing fee	121	260	221	130	Request for oral hearing	0.00
114 150 214 75 Provisional filing fee	138	1.510	138	1,510	Petition to institute a public use proceeding	0.00
	140	110	240	55	Petition to revive - unavoidable	0.00
SUBTOTAL (1) (\$) 0.00		1.210	241	605	Petition to revive - unintentional	0.00
2. EXTRA CLAIM FEES		1.210	242	605	Utility issue fee (or reissue)	0.00
Fee from Extra Claims <u>below</u> Fee Paid	143	430	243	215	Design issue fee	0.00
Total Claims 0 -20** = 0 × = 0	144	580	244	290	Plant issue fee	0.00
Independent O 3** = O X = O	122	130	122	130	Petitions to the Commissioner	0.00
Multiple Dependent =0	123	50	123	50	Petitions related to provisional applications	0.00
**or number previously paid, if greater: For Reissues, see below	126	240	126	240	Submission of Information Disclosure Stmt	180.00
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording each patent assignment per property (times number of properties)	0.00
103 18 203 9 Claims in excess of 20	146	690	246	345	Filing a submission after final rejection	
102 78 202 39 Independent claims in excess of 3	149	690	249	345	(37 CFR § 1.129(a))	0.00
104 260 204 130 Multiple dependent claim, if not paid	143	000	£ 73	0-10	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
109 78 209 39 "Reissue independent claims over original patent	Other f	fee (sp	ecify)			0.00
110 18 210 9 "Reissue claims in excess of 20 and over original patent	Other f	fee (sp	ecify)			0.00
SUBTOTAL (2) (\$) ().()()	* Reduc	ced by	Basic	: Filing l	Fee Paid SUBTOTAL (3) (\$) 18	80.00

SUBMITTED BY Complete ut applicable Name (PrintType Telephone 509-624-4276 Mark S. Matkin 32,268 (tich Signature WARNING:

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